CERTIFICATE OF SERVICE

I, Gini L. Downing the complaint was made February 4,	· · · · · · · · · · · · · · · · · · ·	e of this summons and a copy of
Mail service: Regular, first class United	States mail, postage fully pre-paid, add	ressed to:
Dot Foods 1 Dot Way Mt. Sterling, IL 62353	Dot Foods Attn: Martin Truong, VP, Legal 1 Dot Way Mt. Sterling, IL 62353	William E. (Bill) Brueckner Local Counsel Woods Oviatt Gillman 1900 Bausch & Lomb Place Rochester, NY 14604
Liz Tracy, Assoc. Legal Counsel Dot Foods, Inc. 1 Dot Way Mt. Sterling, IL 62353		
Certified Mail Service: By sending the proof the defendant at:	rocess by certified mail addressed to the	e following entities/officers/registered agents
Dot Foods, Inc. Attn: Joe Tracy, CEO & Dick Tracy, President 1 Dot Way P.O. Box 192 Mt. Sterling, IL 62353 Dot Foods, Inc. c/o James W. Tracy 1 Dot Way PO Box 192 Mt. Sterling IL 62353	Dot Foods, Inc. Attn: Donald R. Tracy 205 S. Fifth St Ste 700 Springfield, IL 62701	Dot Foods, Inc. c/o Richard L. Tracy 17050 Baxter Rd Chesterfield MO 63005
I further certify that I am, and of age and not a party to the matter c		
0'	// Civi I Daywiya	
Date <u>February 4, 2022</u> Sig Print Name:	gnature /s/ Gini L. Downing Gini L. Downing Pachulski Stang Ziehl & 10100 Santa Monica Bl	

13th Floor

Business Address:

Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	X Sell Clicker Addressee
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	Greff Vican
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Dot Foods, Inc.	ii 1E3; entex delivery address below.
Attn: Donald R. Tracy 205 S. Fifth St Ste 700	
Springfield, IL 62701	1 / 3 / - 3000
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2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Insured Mail
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PS Form 3811, July 2015 PSN 7530-02-000-9053	(over \$500) Domestic Return Receipt
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Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you.	A. Signature Agent Agent Addressee
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